

Congressman Robert B. Aderholt  
Shoals District Office  
1011 George Wallace Blvd. Suite 146  
Tuscumbia, AL 35674  
(256) 381-3450

Service Academy Nomination Form

Application for Service Academy, Class Entering: \_\_\_\_\_  
(Year)

Legal Full Name: \_\_\_\_\_

Name Normally Used (Nickname): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Best Contact Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Parent's Business Address: \_\_\_\_\_  
Street City State Zip Code

Parent's Business Phone: \_\_\_\_\_

Your High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Standing Within Your Class: \_\_\_\_\_

Which Academy Do You Prefer? (1st Choice) \_\_\_\_\_

(2<sup>nd</sup> Choice) \_\_\_\_\_ (3<sup>rd</sup> Choice) \_\_\_\_\_

If You Are Living or Working Away From Home, Give Temporary Address: \_\_\_\_\_

**Additional Documents Required:**

1. Submit a detailed list of your school, church and civic activities.
2. Have your school registrar forward a transcript of your grades.
3. Submit a photograph.
4. Have two (2) responsible persons prepare recommendations on your behalf.
5. A short summary (500 words) on why you want to attend this particular service academy.

**RETURN THIS FORM AND THE REQUESTED DOCUMENTS TO THE ABOVE ADDRESS. PLEASE KEEP THIS OFFICE ADVISED OF YOUR CURRENT ADDRESS AT ALL TIMES. PLEASE BE SURE YOU HAVE ANSWERED ALL QUESTIONS COMPLETELY.**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_